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Application, Number Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND AMENDMENT 25/05 **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend 10 1 Indep Depend Indep Depend # 51 10 2 152 103 153 10 4 1 54 105 1 55 106 1 56 157 108 158 109 159 /10 160 111 . 161 1 12 162 **/** 13 163 114 1 164 15 116 165 166 117 167 118 168 119 ī 120 169 170 121 171 122 172 123 173 124 4 174 125 175 / 26 T 176 127 177 **!** 28 178 **1** 29 179 1 130 180 131 481 132 182 133 1 183 134 184 / 35 136 185 186 137 187 138 188 /39 ŧ 189 40 190 #41 191 142 192 143 193 144 194 145 195 146 196 147 197 148 198 149 199 50 200 Total Total Indep Indep Total Total Depend Depend Total

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